



COUNTESS GYTHA PRESCHOOL

Administration of medicine

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our staff are responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager or deputy manager is responsible for the overseeing of administering medication.

- Only a person with parental responsibility or a foster carer may give consent for medication to be given. A childminder, grandparent, parent's partner who does not have parental responsibility cannot give consent.
- When bringing in medicine the parent informs the member of staff at the door so that the relevant consent form can be completed. All staff are made aware of the medication and dosage times etc.
- Staff who receive the medication, check it is in date and is prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacists label. Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents/carers and record the circumstance of the events and hospital instructions as relayed to them by the parents/carers.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor.
- The administering of un-prescribed medication is recorded in the same way as any other medication.
Members of staff who receive the medication ask the parent to sign a consent form stating the

following information. No medication is given without these details:

- the full name of child
- the name of medication and strength
- who prescribed it, if applicable
- the dosage and times to be given in the setting
- how the medication should be stored and its expiry date
- the signature of the parent, their printed name and the date

Record of administering medicines

A record of administered medicines is kept in the medication folder near to the medication box.

- The administration of medicine is recorded accurately on our medication record sheets each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign the record sheet to acknowledge the administration of the medicine. The medication record sheet records the:
 - name of the child
 - name and strength of the medication
 - name of the doctor that prescribed it, if applicable
 - date and time of the dose
 - dose given and method
 - signature of the person administering the medication and a witness who verifies that the medication has been given correctly
 - parent's signature (at the end of the day).
- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they should be encouraged to tell their key person or other staff member what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- We monitor the medication record book to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

Storage of medicines

- All medication is stored safely in our medication box or refrigerated as required. Refrigerated medication is stored separately in a box in the main fridge.
- The child's key person or manager is responsible for ensuring medicine is handed back at the end of the day to the parent
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

- Parents do not access where medication is stored, to reduce the possibility of a mix up with medication for another child, or staff not knowing there has been a change.

Children with long term medical conditions requiring ongoing medication

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager and the key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to the risk assessment. They are shown round the setting, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings. Advice from the child's G.P is sought, if necessary, where there are concerns.
- A health care plan form is completed with the parent, outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

Managing medicines on trips and outings

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic box clearly labelled with the child's name, name of medication, copy of the consent form and a form to record administration, with details as above.
- The completed form is signed by the parents at pick up on the day of the trip or outing and filed in the medication folder.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled as above.

Staff taking medication

Staff taking medication must inform their manager. The medication must be stored securely away from the children. The manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

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